



Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: SOUTH TEXAS RADIOLOGY GROUP 8401 DATAPOINT STE 600 SAN ANTONIO TX 78229	MFDR Tracking #: M4104463 DWC Claim #: Injured Employee:
Respondent Name and Box #: TRAVELERS INDEMNITY CO REP BOX # 05	Date of Injury: Employer Name: Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Position Summary: "We were not given any insurance information to file originally. Once we were notified to file with Travelers Indemnity we did so per §133.20(b) of the TDI-DWC Rules. Date of Injury: 07/25/2009; 07/25/2009 CPT Code- 73110 Wrist 3 view Billed: \$32.00 Owed: \$12.53; 07/25/2009 The patient did not provide any insurance at the time of service. We billed the patient in efforts to obtain insurance information. 10/08/2009 The patient called and verbally gave Travelers insurance information to file. 10/30/2009 Mailed first claim to Travelers. 11/20/2009 Received an Explanation of Benefits from Travelers denied charge as past filing deadline. 02/10/2009 Mailed Request for Reconsideration. 02/27/2010 Received EOR denied RFR as past filing deadline.

Principal Documentation:

1. DWC060
2. Hospital or Medical Bill(s)
3. EOB(s)
4. Medical Reports
5. Total Amount Sought \$12.53

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "The Provider submitted the disputed billing to the Carrier outside the timeframe required by Rule 133.20(b). Per Rule 102.4(h), The Provider has substantiated a submission date based on their billing log of 10-30-2009. Based on the date of service of 07-25-2009, this date is 97 days after the date of service. Therefore the Provider's billing was not timely submitted within 95 days as required by Rule 133.20(b), and the Provider is not entitled to reimbursement. Additionally, the Provider possessed the proper billing information well before the expiration of the 95 days. It is therefore disingenuous for the Provider to argue they did not have the billing information to make a timely submission. The Carrier stands by the denial based on failure to timely submit the billing.

1. DWC060

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	Disputed Service	Amount in Dispute	Amount Due
07/25/2009	TXH3, 29, T122	CPT Code 73110-26	\$12.53	\$0.00
Total Due:				\$0.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

1. These services were denied by the Respondent with reason codes:
 - TXHC – 29 – The time limit for filing has expired. Per Texas Labor Code 480.027 [sic], bills must be sent to the carrier on a timely basis, within 95 days from dates of service.
 - T122, 29 – The time limit for filing has expired. Bills must be sent to the Carrier within 95 days from the date of service.
2. According to the Requestor, the injured employee did not provide any insurance information at the time the services were provided. The Requestor then billed the patient in an effort to obtain insurance information. According to the Requestor's submitted information on Attachment A, on 10/08/2009 the patient called and gave the Requestor Travelers insurance information. Texas Labor Code Section 408.0272(b) a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured; (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider. Review of the submitted documentation does not meet the requirements of the Labor Code.
3. For the reasons stated above, the division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is \$0.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code §408.021, §413.011(a-d), §413.031 and §413.0311
28 Texas Administrative Code §133.305, §133.307

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the Requestor is entitled to \$0.00 reimbursement.

		August 18, 2010
Authorized Signature	Medical Fee Dispute Resolution Officer	Date

PART VIII: : YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.